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22. I hereby certify that I attended the deceased from the decease	IS. CAUSE OF DEATH Baser only one cause per line for (a), (b), and (c) This does not mean the mode of dying, such as ean failure, asthenia, each, areay, or complica- tion what caused death. 19a DATE OF OPERA- TION	I. DISEASE OR CO DIRECTLY LEASE ANTECEDENT C Morbid condition rise to the above the underlying ca II. OTHER SIGNI Conditions contrirelated to the disease 19b. MAJOR FIN	CONDITION DING TO DEATH* (a) CAUSES 18, if any, giving DUE TO (b) CAUSE (a) stating ture lest. DUE TO (c) IFICANT CONDITIONS Ibuting to the death but not are or condition causing death. IDINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or about	ray ocali	Sculu	dur	20. AUTOPSY?
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TION, REMOVAL (Specific) Removal (Specific) 4-17-53 Memorial Park St. Louis Co. Mo. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 16 1950 (Carl Smith M. S. ALBERTO H: HOPPEL 24 700 AWASHINGTON)	IS. CAUSE OF DEATH Baser only one cause per line for (a), (b), and (c) This does not mean (b), mode of dying, such as earl failure, asthenia, etc. Acans the dis- cash, as ye, or complica- tion what caused death. 19. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME OF INJURY 22. I hereby certify alive on	I. DISEASE OR CONTROLLY LEAD ANTECEDENT COMMISSION CONDITIONS CONTROLLY IN CONTROLL	CONDITION DING TO DEATH*(a) CAUSES 12. if any, giving DUE TO (b) CAUSE are, if any, giving DUE TO (c) IFICANT CONDITIONS Ibuting to the death but not are or condition causing death. IDINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) (Hogy) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT YORK	21c. (CITY, TOWN, OR TO 21f. HOW DID INJURY C	04734 Wes	county)	20. AUTOPSY? YES NO (STATE) 1 20 to decead above.
APR 16 1956 (Earl Smith M. N. ALBERTON: HOPPEL E 4700 AWASHINGTON	IB. CAUSE OF DEATH Hener only one cause per line for (a), (b), and (c) This does not mean the mode of dying, such as cent failure, asthenia, as hear failure, asthenia, as hear failure, asthenia, as hear failure, asthenia, as hear solved death. ISAN DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME OF INJURY 22. I hereby certify alive on 23a. SIGNAPORE	I. DISEASE OR CODIRECTLY LEAD ANTECEDENT C Morbid condition rize to the above the underlying ca II. OTHER SIGNI Conditions contri related to the dise (Specify) (Backly) (Coar) (Year)	CONDITION DING TO DEATH* (a) CAUSES AUSES Ause, if any, giving DUE TO (b) AUSES Ause, if any, giving DUE TO (c) Ause last. DUE TO (c) Auser last. DUE TO (c) Auser last. DUE TO (c) Auser last. Auser condition causing death. Auser last. Au	21c. (CITY, TOWN, OR TO 21f. HOW DID INJURY CO 23b. ADDRESS	OWNSHIP) CCCUR? Coduses and on the	county)	20. AUTOPSY? YES NO (STATE) 1 Saw the decead above. 23c, DATE SIGN
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is re	ecorded on the reverse side of this certificate was embalme
by me, or by	, Student Embalmer No
working under my personal supervision	
Student Signature of Student Embalmer	Signed Hour Jacines Ligensed Embalmer No. 41.08
•	Ligensed Embalmer No. 41.08

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Sup- 15683

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